



# Notice of Privacy Practices

## Effective: 1/1/2025

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information:** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You can discuss this Notice with our Privacy Official.

**Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting our Privacy Official using the information listed on page 7.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Treat you:** We can use your health information and share it with other professionals who are treating you. *Example: Your therapist may talk to your case manager about your case.*

**Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues:** We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

**Do research:** We can use or share your information for health research.

**Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Substance Use Disorder Treatment Additional Notices**

This section explains your additional rights and our additional responsibilities when you have substance abuse treatment records maintained by South Central Human Relations Center.

You can grant permission, or consent to, for all future uses and disclosures for treatment, payment, and health care operation purposes.

You can revoke your written permission on how we use or disclose information relating to your substance use disorder treatment.

Substance use disorder treatment records, or testimony relaying the content of the records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceeding against you, unless we have specific written consent or a court order. These records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you. The court order authorizing the use or disclosure must be accompanied by a subpoena or other similar legal document compelling the disclosure.

Substance use disorder treatment records that are disclosed as allowed by your written permission for treatment, payment and health care operations may be further disclosed by South Central Human Relations Center or a business associate without your written permission, to the extent that HIPAA regulations permit such disclosure.

If you need to report a violation of this Notice regarding your substance use disorder treatment you can file a complaint with:

- U.S Attorney's Office, U.S Court House, 300 S 4<sup>th</sup> Street, Suite 600, Minneapolis, MN 55415 • Phone: 612-664-5600
- District of Minnesota, U.S Court House, 316 N. Robert Street, Suite 404, St. Paul, MN 55101 • Phone: 651-848-1950

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## This Notice of Privacy Practices applies to the following:

Spero • Safe Harbour • Youngdahl Living

Spero

610 Florence Avenue, Owatonna, MN 55060

[www.speromn.org](http://www.speromn.org)

Grace Bartlett, Privacy Official

[graceb@speromn.org](mailto:graceb@speromn.org)

507-455-8127

(42 CFR 160.520 and 42 CFR Part 2.22) 2024

## Minnesota Patient Bill of Rights (Mental Health)

**Courteous Treatment.** You will be treated with courtesy and respect for your individuality by employees of or people providing services at our facilities.

**Appropriate Health Care.** You have the right to appropriate medical and personal care based on your needs.

**Physician's Identity.** You will be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of your care. In cases where it is medically inadvisable, as documented by the attending physician in your medical record, the information shall be given to your guardian or other person designated by you as a representative.

**Relationship with Other Health Services.** If you receive services from an outside provider you are entitled, upon request, to be told the identity of the provider.

**Information about Treatment.** You will be given, by your providers, complete and current information concerning your diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information will be in terms and language that you can reasonably be expected to understand. You may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending provider in your medical record, the information shall be given to your guardian or other person designated by you as a representative. Individuals have the right to refuse this information.

**Participation in Planning Treatment; Notification of Family Members.** You will have the right to participate in the planning of your health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in



formal care conferences, and the right to include a family member or other representative chosen may be included in such conferences.

**Continuity of Care.** You will have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

**Right to Refuse Care.** You will have the right to refuse treatment, if you are a competent individual, based on the information required in Information about treatment, and to terminate services at any time, except as otherwise provided by law or court order.

**Experimental Research.** Written, informed consent must be obtained prior to your participation in experimental research. You have the right to refuse participation. Both consent and refusal shall be documented in your medical record.

**Freedom from Maltreatment.** You will be free from maltreatment as defined in the Vulnerable Adults Protection Act. “Maltreatment” means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. You will also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by your physician for a specified and limited period of time.

**Treatment Privacy.** You will have the right to respectfulness and privacy as it relates to your medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing and other activities of personal hygiene, except as needed for your safety or assistance.

**Confidentiality of Records.** You will be assured confidential treatment of your personal and medical records; any may approve or refuse their release to any individual outside the facility.

**Responsive Service.** You will have the right to a prompt and reasonable response to your questions and requests.

**Grievances.** You will be encouraged and assisted, throughout your stay in a facility or your course of treatment, to understand and exercise your rights as clients and citizens. You may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints.

**Protection and Advocacy Services.** You will have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that you may receive assistance in understanding, exercising, and protecting your rights described in this section and in other laws. This right shall include the opportunity for private communication between yourself and a representative of the rights protection service or advocacy service.

**Non-Discrimination.** You have the right to be free from the object of unlawful discrimination without regard to race, color, nation of origin, language, religion, political beliefs, sex, marital status, age, sexual orientation, gender identity, or disability, including AIDS, AIDS-related complex, or status as HIV positive.

**Additional rights:**

- Examine public data on your provider maintained by their board.
- Be informed of the provider's license status, education, training, and experience.
- To have access to your records as provided in Minnesota Statutes, sections 144.291 to 144.298.
- To be informed of the cost of professional services before receiving the services.
- To be free from exploitation for the benefit or advantage of the provider.

- To know the intended recipients of psychological assessment results.
- To withdraw consent to release assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement.
- To a nontechnical description of assessment procedures.
- To a nontechnical explanation and interpretation of assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement.
- To be informed prior to a photograph or recording being made of the client.
- To refuse to allow recording or photographs to be made, except for purposes of client identification.

### Complaint Options:

#### **Spero**

610 Florence Avenue, Owatonna, MN 55060

Grace Bartlett, Privacy Official

[graceb@speromn.org](mailto:graceb@speromn.org)

507-455-8127

#### **Ombudsman for Mental Health & Developmental Disabilities**

Phone: 651-757-1800 or 1-800-657-3506

Email: [ombudsman.mhdd@state.mn.us](mailto:ombudsman.mhdd@state.mn.us)

Mailing: 121 7th Place East, Suite 420, Metro Square Building,  
St. Paul, MN 55101

#### **MN Board of Social Work**

Phone: 612-617-2100 or 888-234-1320

Hearing/Speech Relay: 800-627-3529

Fax: 612-617-2103

Email: [social.work@state.mn.us](mailto:social.work@state.mn.us)

Mailing: 2829 University Ave SE, Suite 340, Minneapolis, MN 55414

#### **Office of Health Facility Complaints**

Phone: 651-201-4201 or 1-800-369-7994

Email: [health.ohfc-complaints@state.mn.us](mailto:health.ohfc-complaints@state.mn.us)

### **MN Board of Behavioral Health and Therapy**

Phone: 612-548-2177

Fax: 612-617-2187

Email: [bbht.board@state.mn.us](mailto:bbht.board@state.mn.us)

Mailing: 2829 University Ave SE, Suite 210, Minneapolis, MN 55414

### **Minnesota Department of Health**

Health Regulation Division

Phone: 651-201-4101

Email: [health.fpc-licensing@state.mn.us](mailto:health.fpc-licensing@state.mn.us)

Mailing: P.O. Box 64900, St. Paul, MN 55164

### **MN Board of Medical Practice**

Phone: 612-617-2130 or 1-800-657-3709

Mailing: 2829 University Ave SE, Suite 400, Minneapolis, MN 55414

### **MN Board of Psychology**

Phone: 612-617-2230

Hearing/Speech Relay: 800-627-3529

Email: [psychology.board@state.mn.us](mailto:psychology.board@state.mn.us)

Mailing: 2829 University Ave SE, Suite 320, Minneapolis, MN 55414

### **MN Board of Marriage & Family Therapy**

Phone: 612-617-2220

Hearing/Speech Relay: 800-627-3529

Email: [mft.board@state.mn.us](mailto:mft.board@state.mn.us)

Mailing: 2829 University Ave SE, Suite 400, Minneapolis, MN 55414

### **MN Board of Nursing**

Phone: 612-317-3000

Email: [complaints.nursing.board@state.mn.us](mailto:complaints.nursing.board@state.mn.us)

Mailing: 1210 Northland Drive Suite 120, Mendota Heights, MN 55120